

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and \*Privacy  
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME <b>Steve Spears</b>		SSN or EMPLOYEE NUMBER*		DEPARTMENT <b>CalHFA</b>	
POSITION <b>Acting Executive Director</b>		CB/ID No. <b>EX</b>	DIVISION or BUREAU <b>Executive Office</b>		INDEX NUMBER <b>1000</b>
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS <b>1415 L Street, Suite 500</b>			TELEPHONE NUMBER <b>(916) 324-4640</b>
CITY <b>[REDACTED]</b>	STATE <b>[REDACTED]</b>	ZIP CODE <b>[REDACTED]</b>	CITY <b>Sacramento</b>	STATE <b>CA</b>	ZIP CODE <b>95814</b>

(1) NORMAL WORK HOURS

8:00 to 17:00

(2) PRIVATE VEHICLE LICENSE NUMBER

[REDACTED]

(3) MILEAGE RATE CLAIMED

0.550

(4) MONTH/YEAR Oct 2009		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T., N.C. RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT			
10/2	10a	Sacramento to San Antonio	136.60		10.00	18.00				25.00	25.00	13.75		203.35
10/3		San Antonio	136.60	6.00	10.00							0.00		152.60
10/4		San Antonio	136.60	6.00		18.00						0.00		160.60
10/5		San Antonio	136.60									0.00		136.60
10/8	1130 pm	Houston to Sacramento									25.00	13.75		13.75
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			546.40	12.00	20.00	36.00	0.00	0.00		25.00	50.00	27.50	0.00	666.90

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$666.90

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

San Antonio, TX ~ To attend and participate in NCSHA's Annual Conference and Trade Show in San Antonio, Texas

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15)

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

10/26/09

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

10/27/09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

3: Misty 1/2